



CUYAHOGA COUNTY FISCAL OFFICE
LODGING OCCUPANCY TAX RETURN

Current Tax Rate: 6.5%

TAXES FOR THE MONTH OF /2021
 /21/2021

TAXES DUE BY

PARCEL NUMBER: _____

ADDRESS OF WHERE TO BE MAILED TO
Name:
Address:

HOTEL/MOTEL NAME AND ADDRESS
Name
Address:

Attn:

Email:

IF THE HOTEL HAS CHANGED OWNERSHIP, MANAGEMENT OR CHANGED NAMES, PLEASE FILE A NEW REGISTRATION FORM.

- 1. GROSS ROOM REVENUE FOR THE MONTH..... \$ _____
- 2. **MINUS REVENUE PAID BY AIRBNB** \$ _____
- 3. PLUS OR MINUS ADJUSTMENTS
\$ _____
- 4. MINUS EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS)..... \$ _____
Lodging Exemption Report Must Be Attached. See Exhibit C.
- 5. NET TAXABLE ROOM REVENUE (SUM OF LINES 1 - 4)..... \$ _____
- 6. TAX REVENUE DUE (ENTER 0.065 OF LINE 5)..... \$ _____
- 7. TOTAL PAYMENT ENCLOSED..... \$ _____

I KNOWINGLY AFFIRM AND DECLARE UNDER THE PENALTY OF PERJURY [ORC 2921.13(7)] THAT I HAVE EXAMINED THIS RETURN, AND THAT THE RECORDS HEREIN ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ TITLE _____ DATE _____

NOTE: THIS FORM MUST BE AN INK SIGNED ORIGINAL AND MUST ACCOMPANY THE PAYMENT DUE IN OUR OFFICE ON OR BEFORE THE 21st DAY OF THE MONTH IN ORDER TO AVOID ANY PENALTIES AND INTEREST FEES.

KINDLY MAKE YOUR CHECK, DRAFT. OR MONEY ORDER PAYABLE TO:

CUYAHOGA COUNTY TREASURER

MAIL ORIGINAL COPY OF COMPLETED RETURN WITH REMITTANCE TO:

Do not write below
CUYAHOGA COUNTY FISCAL OFFICER
Official use only

LODGING TAX OFFICE
2079 EAST NINTH, ST. 3RD FLOOR
CLEVELAND, OH 44115

DATE _____	CHECK# _____
AMOUNT \$ _____	R.R# _____



CUYAHOGA COUNTY FISCAL OFFICE
LODGING OCCUPANCY TAX RETURN

FINAL RETURN

Current Tax Rate: 6.5%

TAXES FOR THE MONTH OF /2021
 /21/2021

TAXES DUE BY

PARCEL NUMBER: _____

ADDRESS OF WHERE TO BE MAILED TO

Name:
Address:

HOTEL/MOTEL NAME AND ADDRESS

Name
Address:

Attn:

Email:

IF THE HOTEL HAS CHANGED OWNERSHIP, MANAGEMENT OR CHANGED NAMES, PLEASE FILE A NEW **REGISTRATION FORM.**

- 1. GROSS ROOM REVENUE FOR THE MONTH..... \$ _____
- 2. **MINUS** REVENUE PAID BY AIRBNB \$ _____
- 3. PLUS OR MINUS ADJUSTMENTS
\$ _____
- 4. MINUS EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS)..... \$ _____
Lodging Exemption Report Must Be Attached. See Exhibit C.
- 5. NET TAXABLE ROOM REVENUE (SUM OF LINES 1 - 4)..... \$ _____
- 6. TAX REVENUE DUE (ENTER 0.065 OF LINE 5)..... \$ _____
- 7. TOTAL PAYMENT ENCLOSED..... \$ _____

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CLEVELAND, OH 44115

DATE _____	CHECK# _____
AMOUNT \$ _____	R.R# _____



CUYAHOGA COUNTY FISCAL OFFICE
LODGING OCCUPANCY TAX RETURN

AMENDED

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TAXES FOR THE MONTH OF /2021
 /21/2021

TAXES DUE BY

PARCEL NUMBER: _____

ADDRESS OF WHERE TO BE MAILED TO

Name:
Address:

HOTEL/MOTEL NAME AND ADDRESS

Name
Address:

Attn:

Email:

IF THE HOTEL HAS CHANGED OWNERSHIP, MANAGEMENT OR CHANGED NAMES, PLEASE FILE A NEW **REGISTRATION FORM.**

- 1. GROSS ROOM REVENUE FOR THE MONTH..... \$ _____
- 2. **MINUS** REVENUE PAID BY **AIRBNB** \$ _____
- 3. PLUS OR MINUS ADJUSTMENTS
\$ _____
- 4. MINUS EXEMPTED ROOM REVENUE (SEE CODE OF REGULATIONS)..... \$ _____
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CLEVELAND, OH 44115

DATE _____ CHECK# _____

